

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. Whether there should be additional reimbursement for date of service (DOS) 09/13/01?
2. The request was received on 01/28/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g)(4), the Division notified the insurance carrier Austin Representative of their copy of the request on 07/03/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: letter dated 03/21/02
"The codes in the table that are listed in the TWCC fee guidelines were all coded and billed exactly correct according to the TWCC fee guidelines. We feel that the insurance carriers reasons for non-payment of these services cannot be justified."
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 09/13/01.
2. The carrier's EOB has the denial, "G – Unbundling/Reimbursement based on or included in the basic allowance of the appropriate procedure."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
09/13/01	22899-51	\$500.00	\$106.25	None on carrier EOB	DOP	Texas Workers' Compensation Act & Rules, Rule 133.304 (c)	The EOB in the provider's packet lacks any denial code or explanation for the reduction from the billed amount. The carrier has failed to comply with Rule 133.304 (c) and has not afforded the provider an opportunity to respond to the reason(s) for the carrier's reduced payment. Therefore, the Requestor is entitled to additional reimbursement of \$393.75 .
09/13/01	27299-51	\$800.00	\$0.00	G	DOP	Texas Workers' Compensation Act & Rules, Rule 133.304 (c)	The CPT descriptor states, "Unlisted procedure, pelvis or hip joint." The procedure in dispute, CPT code 27299-51 is a DOP procedure and cannot be considered global to any other CPT code. The carrier's denial provides an insufficient explanation and prevents the provider from adequately responding to the carrier. Therefore, the carrier has not met the requirements of Rule 133.304 (c) and reimbursement of \$800.00 is recommended.
09/13/01	64714-51	\$657.50	\$0.00	G	\$657.50 (50% of MAR)	Texas Workers' Compensation Act & Rules, Rule 133.304 (c); Global Service Data for Orthopaedic Surgery (GSDOS) 1994	In the carrier's letter to the provider, dated 01/15/02, the carrier states, "Code 64714 is included in 63042". This letter has offered sufficient explanation to meet the requirements of Rule 133.304 (c). Per the 1994, GSDOS the procedure in dispute, CPT code 64714-51 is considered global to CPT code 63042. Therefore, no reimbursement is recommended.
Totals		\$1957.50	\$106.25				The Requestor is entitled to additional reimbursement in the amount of \$1,193.75 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,193.75 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 20th day of September 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division